

MONTANA BOARD OF CHIROPRACTORS
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The above referenced section does not prevent an individual from compiling a mailing list by examination of original documents or applications that are otherwise open to public inspection.

Should you desire a list, please complete the enclosed "Notice and Acknowledgment" and return it to this office. The cost per list is \$20.00. Make your check, or money order, payable to the Board of Chiropractors. **DO NOT SEND CASH.**

NOTICE & ACKNOWLEDGEMENT

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Receipt of the above notice is hereby acknowledged this ____ day of _____, _____.

Signature: _____

Name: _____

Mailing Address _____

Telephone No.: () _____ E-MAIL _____

COSTS: \$20 Please send a check or money order with your request for a List, Label or diskette.

Please mark the appropriate boxes below to indicate the information you wish to receive in the list and the format.

1. ____ Labels
____ List on Plain White Paper
____ 3.5 Diskette
____ e-mail
2. ____ Zip Code or ____ Alphabetical
3. ____ In-state licensees only ____ In-state and out-of-state
4. ____ Active or ____ Inactive or ____ Both

COMMENTS: _____
